

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791Township Primary Registration District No. 000City St Louis (No. 4581) KensingtonFile No. 24777Registered No. 6187

St. Ward)

2. FULL NAME

(a) Residence, No. St. 17 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Frank A Shadow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 -1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
62 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland13. NAME Thomas M^cGowan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Bridget M^c Nichols16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Frank A Shadow(ADDRESS) 4581 Kensington

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cmt DATE 7/18 193319. UNDERTAKER Arthur J Donnelly(ADDRESS) 3840 Subell Bldg20. FILED 17 33 19 J. J. Bredeck Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15 19 33

22. I HEREBY CERTIFY, That I attended deceased from

July 10, 1933, to July 15, 1933I last saw him alive on July 15, 1933 Death is saidto have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

59 Diabetes Mellitus 10th July

15th 59 5 days

Other contributory causes of importance:

Arteriosclerosis on BackName of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) D. M. Gibson, M. D.(Address) 4337 Washington Bl St Louis Mo.

Dr David Gibson

4337 Washington

Qty 3312